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U.S.G.S.  
LAND OFFICE  
TRANSPORTER OIL  
GAS 1  
OPERATOR 2  
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-55

Operator  
CONTINENTAL OIL COMPANY  
Address  
BOX 466, MOORE, NEW MEXICO 88410  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐ TRANSPORTER'S NAME  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ CHANGE  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name AXI APACHE "A" Well No. 6 Pool Name, Including Formation BALLAD PICTURED CLIFFS Kind of Lease INDIAN Lease No.  
Location  
Unit Letter D 992 Feet From The Line and 992 Feet From The  
Line of Section 9 Township 23-N Range 5-W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas or Dry Gas GAS COMPANY OF NEW MEXICO Address (Give address to which approved copy of this form is to be sent)  
FIRST INTERNATIONAL 2-25-  
1201 ELM ST., DALLAS, TEXAS 75270  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When YES 1-21-66

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)  
Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - Bbls.

GAS WELL

Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
A. R. Hendrick  
Title  
September 7, 1976  
Date  
HND-AT-EC-51-5-1-E

OIL CONSERVATION COMMISSION

APPROVED  
BY Original Signed by A. R. Hendrick  
TITLE

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.